

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N94000003172**

1. Entity Name

**AMERICA'S FUTURE, INC.****FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90042 038 \*\*\*\*61.25

0007281

Principal Place of Business

198 ARORA BLVD  
APT 1401  
ORANGE PARK FL 32073  
US

Mailing Address

198 ARORA BLVD  
APT 1401  
ORANGE PARK FL 32073  
US

00005713



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

198 Arora blvd  
Suite, Apt. #, etc.  
Apt 1401

3. Mailing Address

198 Arora blvd  
Suite, Apt. #, etc.  
Apt 1401

City &amp; State

Orange Park Florida

City &amp; State

Orange Park Florida

Zip

32073-

Country

FLA

Zip

32073-

Country

FLA

4. FEI Number

59-3337775

☒ Applied For  
☐ Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOYKINS, STEVEN  
198 ARORA BLVD  
APT 1401  
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Stephen C. Boykins*

Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

1/8/2001

DATE

**FILE NOW:**  
**FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME BOYKINS, STEPHEN C  
STREET ADDRESS 198 ARORA BLVD  
CITY-ST-ZIP ORANGE PARK FL 32073TITLE D ☐ Delete  
NAME JACOBS, LAURA  
STREET ADDRESS 198 ARORA BLVD  
CITY-ST-ZIP ORANGE PARK FL 32073TITLE T ☐ Delete  
NAME PRINCE, CONSTANCE  
STREET ADDRESS 198 ARORA BLVD  
CITY-ST-ZIP ORANGE PARK FL 32073TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Stephen C. Boykins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/2001

Date

Daytime Phone #

CR2E037 (10/00)